

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. II.

LOUISVILLE, DECEMBER 30, 1876.

No. 27.

L' ENVOI.

The present number closes the second volume and the first year of the NEWS. It is rather hard to finish so important a stadium and not say something about ourselves. We know how boring such talk can be, and will cut it as short as possible. If the NEWS has not indicated what it is, it is too late now to mend matters. The journal has been read by a sufficient number of the profession to pass upon its merits. "You can't fool an army," is the saying of a wise friend; "the judgment which the camp-fire and the mess pass on their leaders is infallible." Nor can a regiment or so of doctors be gulled, we imagine, by any false pretensions of their journals, which in the nature of things set themselves up to be leaders of thought.

Let us say then that "in the future, as in the past" (we tried to get around the old introduction), we will strive to publish a journal which may be read with some pleasure and profit by the general run of practitioners. We depend greatly upon the assistance of others, and, as shown in the past year, not in vain. We ask for a continuance and extension of this. We forget all broken promises, in hopes they may be mended; we remember no cold shoulder, in hopes it may be warmed to us.

We shall continue to direct our individual efforts to the chronicling and criticism of current events in the profession, and to the exposure of humbug. We have fought this pretty faithfully throughout the year. We know we have done it some harm, for we witness evidence of its ruin around us. We shall continue the war; we wage it for the profession. We defy any one to point out

VOL. II.—No. 27

where we have struck a partisan blow. The sham which is making this city a by-word extends its corrupting influence from Maine to Texas.

As we showed our colors on our entry into the field at the beginning of the year, so we fly them now. This is but fair. We beg for extended support, and we wish no man to be mistaken who gives it.

Original.

A CLINICAL LECTURE ON THE TREATMENT OF HYDROCELE.

BY DAVID W. YANDELL, M. D.,

Professor of the Science and Art of Surgery and Clinical Surgery, University of Louisville.

Gentlemen,—I can not perhaps bring the treatment of hydrocele before you in a clearer way than by recalling the manner in which I dealt with the several cases which formed the text of our last lecture.

In one, you remember, I emptied the sac with a trocar and canula, and rested at that. In the next, I punctured the tumor in several places with a good-sized needle, when the serum slowly filtered into the cellular tissue of the scrotum. And these two methods represent the palliative treatment, and called so because it has no other aim than to evacuate the hydrocele and leave it to refill, which it nearly always manages to do.

In the third case, after drawing off the fluid, I threw in an injection. In the fourth case I emptied the sac, and introduced a seton. And these two maneuvers illustrate what is termed the radical treatment, or that which by setting up a new action in the

parts aims to prevent a return of the disease.

Let me here call your attention, in parenthesis, to the fact that in all these cases I placed the patients, before operating, in the recumbent posture. At one time in my life I was in the habit of dealing with a hydrocele while the patient was sitting, standing, or lying—I did not think it was material which. I was led, however, to change my practice in this respect by what came very near being a serious accident. A young friend came one day to my office to have me tap a hydrocele. I stood him up in front of me and inserted the trocar. The fluid had scarcely commenced to flow when he dropped as if shot—his head, as he fell, just grazing the corner of a stove which if he had struck would have split his scalp. Since that scene I always put my patients on their backs before operating.

To return, the fifth case of the series, which was in an infant and congenital, I dismissed without treatment for the reason that hydrocele in subjects of this age nearly always disappears spontaneously.

Had my assistants brought me two other cases, and had I made galvano-puncture in one, and practiced what is called incision in the other, I should then have exhibited to you the several methods now in use for the treatment of hydrocele. Others, I know, have been in vogue, but not in my day, nor are they likely to be revived in your time.

The treatment of hydrocele then is divided into the palliative and radical. The first is accomplished by the trocar and canula, or by the needle (acupuncture), or by galvano-puncture. The second is effected by the seton, injection, or incision. In the former you simply empty the sac with the knowledge that it will refill. In the latter, after emptying the sac, you take steps to prevent its refilling.

Cases are reported where the disease has disappeared in the adult spontaneously, and in a few rare instances by irritating applications to the scrotum. But after the tumor

has acquired any considerable size neither nature nor outward applications are capable of effecting a cure. The hand of the surgeon then becomes a necessity. External violence has occasionally put an end to hydrocele. Colonel Martin, one of the early settlers of Tennessee, an old friend of my father and grandfather, who was the subject of this disease, while mounting into his saddle one day overleaped his horse and fell on "t'other side," as ambition is said sometimes to do. The sac of the hydrocele was ruptured, and never refilled. But, *per contra*, Mr. Curling quotes the case of a Spaniard who ruptured a hydrocele thirty times by violent horseback exercise, the tumor soon reforming after each application of this rather unique treatment. I mention it as one of the curiosities of surgical literature rather than as a means to be recommended to your patients.

The palliative treatment of hydrocele is applicable really only to very old and feeble people, or to cases of disease of the testis or cord where the hydrocele is a mere intercurrent affection; and to those persons whom you will not infrequently meet whose timidity on the one hand or occupations on the other lead them to reject radical means. When I was a surgeon in the Confederate army I tapped a number of hydroceles in soldiers, who preferred that operation to any other—they had not time to lay up. I hold in my hand a trocar and canula which I have thrust into the hydrocele of a friend more than a score of times in the last twelve years; he, though a conspicuously gallant soldier, never being able to screw his courage up to the point of submitting to any other treatment. I meet daily several other friends who come to me three or four times a year to have their hydroceles tapped. They are satisfied with that.

Of the three operations executed in the palliative treatment—tapping, acupuncture, and galvano-puncture—I have used the first two only. I read that the latter is a tedious process, and I do not think it has come at all into general use. Van Buren, who is very

high authority on such matters, considers it no better than tapping.

Acupuncture is especially adapted to very small hydroceles in the adult or to those in little people, in whom it sometimes effects a permanent cure.

The radical treatment consists of three principal modes—incision, injection, and seton. Dr. Dudley, of Lexington, always practiced incision, and taught that no other means was so sure. This eminent surgeon was an ardent admirer of Benjamin Bell, with whom this was a favorite practice.

Now, incision may be all that its advocates claim, but it can not be denied that no other procedure confines the patient to the house so rigidly and so long; and then, when compared to injection and seton, it is really a somewhat formidable operation, as you will learn presently when I come to tell you how it is done. I trust you will all watch the manner in which it is executed on the cadaver by my colleague, Prof. Cowling, for cases may arise in which you may deem it best to use it. Recall just here what I said to you in a former lecture about the character of the fluid and of the sac-walls, for on these, I remarked, would often hinge the choice of your means of treatment. Incision is, I think, justly regarded, as Van Buren has expressed it, as too severe an operation for general application; but it should, perhaps, have the first place "where the walls of the tumor are very thick or calcareous, or where its contents are sero-purulent or sero-sanguinolent;" and you must expect sometimes to meet with these cases in your practice.

My friend, Prof. Hamilton, of New York, who is a warm advocate of what he terms the "long incision"—and it is a long one indeed—performs the operation as follows: With an ordinary scalpel he divides the integument on the front of the tumor for not less than three or four inches; he then follows with a second incision through the tunica vaginalis of one or two inches less in length. The fluid having escaped, and any bleeding vessels secured, he inserts a

narrow strip of lint between the lips of the wound, and partly within the sac, and covers the whole by a slippery-elm poultice. The patient is ordered to bed, and the scrotum well supported. In five or six days suppuration is established, when the lint is removed and the parts dressed with warm water, though Prof. H. prefers the poultice. The wound, however, is now a simple granulating sore, and you may treat it according to your fancy. The patient is confined to bed from two weeks to as many months.

The method by seton, which is the favorite one with my master, Prof. Gross, and which he states he prefers to every other, because of its freedom from danger, and because of its never-failing certainty, is simple enough of execution. The first step of the operation consists in tapping the tumor with the trocar and canula. This being done, the usual directions are to reintroduce the trocar, push it and the canula up and out through the superior part of the scrotum, withdraw the trocar, and carry the seton—a narrow strip of muslin being that which Gross prefers—on an eyed probe out through the canula. The maneuver is completed by now withdrawing the canula and tying the ends of the muslin loosely over the scrotum. I myself prefer a long needle, eyed at the point, and armed with the seton, which is carried along the canula, directly through the upper part of the scrotum. Here one end of the seton is now seized, the needle and canula are then withdrawn together, leaving the seton in the sac. Instead of the trocar and eyed probe, the use of the needle at this stage of the operation is a slight saving of both time and pain. The seton should be allowed to remain a day or two, or what perhaps is a better rule, until the scrotum grows quite hard; and, according to Dr. Gross, at least one fourth as large as before it was emptied. See that the parts are well supported and the patient confined to bed. Attend to his bowels and regulate his diet. After the removal of the seton use water dressings. If the parts are painful, add opium or belladonna to the water. In twelve

or fourteen days the work is generally completed.

Now I am quite prepared to say that the seton is a never-failing method; but I have had a somewhat different experience from my distinguished teacher as to its safety. Some years ago, after having used the seton first of one material and then another, sometimes of silk, sometimes of cotton—but never, I think, quite as large as is done by most surgeons—sometimes of the silver wire, and with like good results with each, I introduced a silver wire in the hydrocele of a little boy. Twenty-four hours after I was called in great haste to see him in convulsions. I was not long, I can tell you, in snipping the wire and withdrawing it. The patient made a quick recovery, but he gave me a long scare, and from that time till now I have been very chary of the seton, at least in small boys. Winter before last I introduced, in this room, a few silk threads in the scrotum of one man, and a silver wire in that of another. They were both mechanics, and were not as quiet after the operation as could have been wished; but the inflammation in both quite exceeded the necessities of the case. In fact, it ran wild. One man had an enormous abscess of the scrotum, and the other an abscess along the cord which extended into the pelvis, and required to be opened through the abdominal walls. A portion of the contents of the abscess found its way into the bladder and was discharged by the urethra. Both patients got well, it is true; but it was after long confinement, great suffering, and no end of anxiety on my part. About the same time two cases were reported in the medical journals of the day as occurring in Philadelphia and behaving much in the same way. So you see that though the seton may be unfailing, it is not wholly free from danger.

And now let me describe to you the manner in which a hydrocele is injected. You have, it is true, seen me do it quite a number of times, but some of you may not have been near enough to observe the several steps of the procedure.

The instruments required are a small trocar and canula, which should be oiled and in cold weather warmed before using, and a metal or glass or gutta-percha syringe provided with a suitable nozzle and stop-cock. The situation of the testicle having been ascertained in the manner already pointed out, you grasp the tumor on its under surface with your left hand, and by traction tighten the scrotum. Take now the trocar in your right hand. Hold your fore-finger well forward on the point of the instrument, and selecting a spot free from large vessels, and midway between the two ends of the tumor, thrust in the perforator nearly at right angles with the surface, or in such other direction as will cause you to avoid wounding the testicle. The trocar is now withdrawn, and the fluid allowed to flow away in a vessel provided for the purpose. When this is completed you push the canula further into the sac, and, confining its point there with the thumb and fore-finger, you introduce the nozzle of the syringe into the canula, and slowly throw in the injection.

A great deal has been written as to the quantity of fluid that should be injected. Some say a few drachms only; others prefer several ounces; and still others teach that as much fluid should be thrown into as has been withdrawn from the sac. Sir Ranald Martin, who always used the simple tincture of iodine, injected but a drachm or two. This is also Sir Wm. Fergusson's practice, while Dr. Gross thinks it best to throw in several ounces of a weak solution—one part iodine to three parts water. I myself have generally followed the latter; but whichever you do, be sure to knead the scrotum well so as to bring the fluid into contact with all parts of the sac.

How long must you allow the injection to remain? The time has been fixed at from five to ten minutes; but the sensibility of men to pain varies greatly, and I think a better working rule is to retain the injection till the patient experiences some pain in the testicle and along the cord, when the tube of the syringe should be removed and the

fluid allowed to escape. This being done, the canula is withdrawn and a bit of lint placed over the wound.

The after-treatment has been well expressed by Sir Astley Cooper, who, having injected a hydrocele, remarked to the patient: "If you be in much pain, lie down; if you suffer but little, take exercise;—if you be in much pain, eat very little, and drink only diluents; if you suffer but little, take your dinner and two or three glasses of wine. Come to me to-morrow." He then adds: "If on the morrow there be redness in the scrotum, considerable tenderness, and some swelling, the suspensory-bandage is to be worn, the exercise to be moderated, and the diet is to be light; but if there be little appearance of inflammation, it is right to grasp the scrotum in one hand and gently tap it a few times with the other, to produce slight pain. Exercise and a generous diet are to be recommended until redness of the scrotum, swelling, and pain in the part be produced; for the inflammation and swelling from the injection should be nearly as great as the enlargement which had been previously produced by the disease."

If you will but paraphrase this most practical advice of an illustrious surgeon, it will apply equally well to the after management of cases treated by the seton.

Injections of one and another fluid into the sac are, perhaps, in more general use than any other means. There is scarcely either an irritating or bland fluid which has not, by one surgeon or another, been thrown into the tunica vaginalis. Without detaining you to enumerate them, I must content myself with the statement that the tincture of iodine has been the popular favorite since it was introduced by Sir Ranald Martin, formerly surgeon to the native hospital in Calcutta, some forty years ago. His paper, published in the London Lancet in 1841, was based upon thousands of cases treated by iodine injections, with but one per cent of failures—a success quite beyond any thing that has been seen since or elsewhere. It would seem a kind provision of Providence

that hydrocele should be most easily cured where it most abounds.

Injections of port wine pure and mixed with water, which were much used by the late Prof. Palmer, alcohol and water—a favorite with my lamented predecessor, Prof. Bayless—lime-water, the choice of Mr. Curling, carbolic acid variously reduced, and first used in this affection, I believe, by an *alumnus* of this university, Dr. Sandidge, of Edmonton, Ky., and which it seems has recently taken a fresh start, this time in Germany—these, it is perhaps well you should know, are among the most noted.

The mere statement that so many and such widely different substances have been vaunted in the treatment of a disease should at once awaken your suspicions as to something being yet lacking either in our knowledge of the nature of the affection itself, or in our remedies, or in the manner in which we apply them. There must be a blunder somewhere.

Now, after having myself used or seen used by others most of the injections named, I do believe that their respective value—outside of India—depends more on the nature of the hydrocele than on the nature of the injection—more on the after-treatment than on the manner in which the injection is made. I think it may be safely said that any injection is reasonably sure in suitable cases, and that none can be trusted in other than suitable cases. There are hydroceles which no injection, however manipulated, can ever cure; and there is no injection, if it be but properly manipulated, which is not, in my opinion, equal to the cure of its case, if this only be a fit one for its use, and the subsequent treatment be properly conducted.

This leads me to recall to your minds, but without repeating my words, what I said at our last meeting concerning the character of the sac-walls and of the contents of a hydrocele—for on these and the degree of integrity of the testicle hangs your choice of injection over other modes of treatment. Where these are all healthy and the other conditions, I have pointed out are faithfully

observed, injections will seldom disappoint you. Otherwise, I advise you not to touch them.

One objection alone which has been urged against injections I wish to call your attention to. It is that the fluid used may escape into the cellular tissue of the parts and excite suppuration and sloughing. Sheer awkwardness or culpable carelessness alone are chargeable with this accident. I trust none of you will be guilty of either. If, after pushing the canula deep into the sac, you will but hold it there in the way I have told you until the injection has drained entirely away, no such mishap can occur.

Mr. Curling never injected a recent hydrocele, no matter how small, the first time of tapping, for the reason that the sac sometimes does not refill. Where the fluid exceeded a dozen ounces his rule was to draw it off, wait for a small quantity to form, remove this, and then inject. And this rule I think is a good one, if restricted to very recent or very large hydroceles; but where the hydrocele is old and small I prefer to tap and inject it at the first sitting. I think it a clear loss of time to wait.

But interesting and important as are all these points, our study of them must have an end, and perhaps this can not be better reached than in the following summary: Inject or put in a seton in simple hydrocele where the fluid is serous and the sac walls and testis are healthy. In the absence of these conditions make an incision. Let congenital hydrocele in infants alone; it will almost invariably get well without your help. Finally, where you use either injection or seton, the after-treatment is of the utmost importance. Perhaps I repeat this thought oftener than I should, yet its value will not suffer it to become trite.

ATROPIA.

BY C. J. RADEMAKER, M. D.

This alkaloid was first discovered by Mein in 1831, and in 1833 by Geiger and Hesse,

in the root of atropa belladonna. The effects of this poison upon the lower animals, according to my own experiments, are as follows: When given in small doses, say a quarter of a grain of the sulphate, mixed with solid food, it will be fully an hour before you notice any effects of the drug, the first of which is a constant inclination to swallow, or go through the motion of deglutition. Secondly, the animal will invariably scratch its neck with its paw, showing that it must suffer with dryness of the fauces. Thirdly, we noticed trembling of the entire muscular system, and some loss of the power of proper co-ordination. Fourthly, there was great dilatation of the pupil, and when the dose was larger we noticed complete blindness and some loss of the sense of hearing. Fifthly, the mucous membrane of the mouth, fauces, and conjunctivæ were highly injected and perfectly dry. Sixthly, upon the heart at first there was a diminution of its action, which gradually increased until it was almost impossible to count it. Seventhly, the temperature was at first increased, but owing to the irregular beating of the heart it gradually sinks. Upon the respiration atropia at first diminishes it, but after awhile it is greatly accelerated, and if the animal survives the dose it gradually returns to its normal condition. Its effect upon the brain is, first, the loss of muscular co-ordination, convulsions, and generally clonic spasms. Sometimes we noticed tonic spasms of the legs, but rarely. After this we have a comatose condition, which gradually increases. The animal can not be aroused. You may prick it with a sharp instrument, but there is no reflex action, and nothing showing the presence of life, with the exception of the automatic movements of the heart and lungs. In larger doses the above symptoms are all increased, and with them a frequent passage of urine in small quantities, and sometimes involuntary passage of the fæces and death.

From the above it will be seen in what diseases this medicine is indicated by the intelligent physician, without going into de-

tails as regards its therapeutic and chemical properties.

Atropia crystallizes in colorless, silky needles, and combines with acids to form salts, of which the sulphate is mostly used in medicine. Atropia (the alkaloid) is freely soluble in alcohol, chloroform, and amylic alcohol, but less so in ether. Atropia is found in all parts of the belladonna, but is commonly extracted from the root. Daturia, the active principle contained in the seeds of the datura stramonium, is identical with atropia both in its chemical and physiological properties.

The salts of atropia have an acrid, bitter taste, and are highly poisonous, death being produced by paralysis of the heart. In cases of poisoning by atropia the following method of extraction from the stomach, brain, liver, urine, or vomited matter will be found to give a satisfactory result: The organic tissue is to be cut in small pieces and macerated in a water bath with a mixture of alcohol (sp. gr. 0.835) to a quart of which half a drachm of pure sulphuric acid has been added. After about one hour's maceration the solution is to be filtered from the organic matter and evaporated to about two fluid ounces. These two fluid ounces are to be treated with caustic alkali in excess. To this alkaline solution add several times its volume of chloroform or amylic alcohol; then separate the two solutions and allow the chloroform or amylic alcohol to evaporate spontaneously. If during this evaporation some oily matter should separate, then it is best to evaporate to dryness and treat the residue with dilute sulphuric acid and filter. Treat the filtrate again with caustic potash in excess, and separate the alkaline again, as stated above, when it will be left sufficiently pure for chemical and physiological reactions.

As far as the chemical reactions of this alkaloid are concerned, there is none by which the presence of atropia can positively be proven. It is true a solution of atropia, added to concentrated sulphuric acid and bichromate of potash, will reduce the chromic acid, and green oxide of chromium will

be formed; but this also takes place with other organic substances. A solution of iodide of mercury in iodide of potassium will produce a white precipitate in a solution of atropia, even if the atropia solution is diluted with three thousand times its volume. But this is of no consequence in a medico-legal case.

The only positive proof of the presence of atropia is to isolate the alkaloid in its pure state, convert it into a neutral salt, dissolve the salt in distilled water, and try its effects upon the pupil. For this purpose the cat is preferable to any other animal. The smallest quantity of atropia will affect the pupil of the cat, when the same quantity would have no effect upon the dog.

Physiological and Chemical Antidotes.—At the head of chemical antidotes stands iodine and tannin, either of which produces an insoluble precipitate with atropia. Following this come the stomach-pump, emetics, and purgatives. According to Thompson, caustic potash renders atropia inert; but according to my experiments, atropia, when separated from a solution of caustic potash by chloroform or amylic alcohol, is perfectly active. In fact, atropia is prepared by treating the infusion with caustic potash, and separating with chloroform. As for the physiological antidotes, morphia, veratria, and calabar bean, I will simply state that I have given them in conjunction with atropia, and used them hypodermically after atropia had been given, with no effect on the lower animals.

LOUISVILLE.

Correspondence.

To the Editors of the Medical News:

On August 15th I was called at night to see Mrs. S., four miles in the country; arrived there at 11 o'clock P. M. Having been notified of her pregnancy, etc., I found her suffering from "labor pains," occurring at intervals of about thirty minutes, which, however, did not "bear down." I asked

her if she had lifted or done any thing to bring on pains. She replied she had not, that "her time" was out, and remarked that she thought "she would have two or three babies" from the enlarged condition of her abdomen. Upon examination, I found she was not in labor. I gave her some chloralhydrate and she slept until morning, and, on the 13th of September, I was called early in the morning to see her again. I found her in labor; vertex presenting first position; her labor was natural, etc., except there was no amniotic sac, and of course no discharge of waters. Male child; weighed ten pounds; nothing peculiar or unusual about it. I removed placenta, and returned home two hours after; left them doing well. Having seen or read nothing like it, I would be pleased to know how it may be accounted for. She said the same thing happened her in the confinement last preceding this.

J. H. C.

Miscellany.

WHAT MADE THE SEAS SALT?—Richard Proctor says: "We must, then, regard the salts of the sea as in the main dissolved from the solid crust during that remote period when the seas were young. The seas thus indicate to us the nature of those vast chemical processes through which the earth had to pass in the earlier stages of its history. If the present crust of the earth did not afford, as it does, the clearest evidence of a time when the earth's whole frame glowed with intense heat; if we could not, as we can, derive from the movements of the celestial bodies, as well as from the telescopic appearance of some among them, the most certain assurances that all the planets—nay, the whole of the solar system—were once in the state of glowing vapor; the ocean brine, the mighty residuum left after the earth had passed through its baptism of liquid fire, would leave us in little doubt respecting the main features at least of the earth's past history. The seas could

never have attained their present condition had not the earth which they encompassed when they were young been then as an orb of fire. Every wave that pours in upon the shore speaks to us of so remote a past that all ordinary time-measures fail us in the attempt to indicate the length of the vast intervals separating us from it. The saltiness of the ocean is no minor feature or mere detail of our globe's economy, but has a significance truly cosmical in its importance. Tremendous, indeed, must have been the activity of those primeval processes, fierce the heat of those primeval fires, under whose action sixty thousand millions of tons of salts were extracted from the earth's substance and added to its liquid envelope."

MEASURES AND THEIR EQUIVALENTS.—Our friends of the American Grocer recently published an article stating the death of a child from an overdose of opium, which was contained in a prescription administered in "teaspoonful" doses. Investigation showed that the family had used a large size teaspoon, and had thereby given three sixteenths instead of one sixteenth of a certain preparation of opium. The writer, in commenting on the case, says: "The many accidents that formerly occurred in the putting up of medical prescriptions led to the passage of a state law requiring every prescription clerk to pass a severe examination, and requiring him to possess a diploma based on such examination. In this law one of the most important safeguards seems to have been left out. As most of the liquid medicines are administered in doses of 'teaspoonfuls,' the law should require the druggist to state plainly on the label what constitutes a 'teaspoonful' in medical parlance."

We thank our contemporary for the idea suggested, and, while we do not think that legislation is exactly necessary to cover such cases, we believe that physicians should advise their patients more explicitly regarding the administration of their remedies. Especially in the case of children, medicines should be prescribed by drops, as the most

reliable and efficient means of determining the exact dose.

The following table designates the equivalent of miscellaneous measures:

Teaspoonful	about 1	fid drachm.
Dessertspoonful.....	" 2	" "
Tablespoonful.....	" 4	" "
Wineglassful	" 2	" ounces.
Teacupful	" 4	" "
Breakfastcupful.....	" 8	" "
Tumblerful	" 8	" "
Thimbleful.....	" $\frac{1}{4}$	" drachm.
Pinch (of leaves or flowers)	" 1	drachm, Troy.
Handful	" 10	" "

—*Druggists' Advertiser.*

MODEL ADVERTISEMENT.—A recent journal—not of the regular school—contains a long advertisement of a celebrated practitioner, from which the following extract is taken:

Have yeez pains in yer bones, or a botherin' ache
In yer jintz after dancin' a jig at a wake?
Have yeez caught a black eye from some lounderin'
whack?

Have yeez vertebral twists in the sphine av yer back?
Whin yer walkin' the strates are yeez likely to fall?
Do n't whisky sit well on yer sthomach at all?
Sure, it's botherin' nonsense to sit down and wape,
Whin a bit av powdher 'ill put yeez to slape.
Shtate yer symptoms, me darlin's, and niver yees
doubt,

But as sure as a gun I can shtraighten yeez out.
Come, thin, ye poor craythurs, and don't yeez be
scairt!

Have yeez batin' and lumberin' thumps at the hairt?
Wid ossification and acceleration,
Wid attenuation and ragurgitation,
Wid amaciation and axascerbation,
Wid prapititation and hapitization,
Wid praocupation and avaporation,
Wid hallycination and acrid sacration,
Wid black arruption and putrification,
Wid great jactitation and coagulation,
Wid square titilation and cowlid perspiration?
Be me sowl! but I'll bring all yer woes to complatation;
Onless yer in love—*thin* ye're past all salvation.

MEDICAL EDUCATION.—Dr. McCall Anderson, in an address on this subject, published in the *Lancet*, November 11, 1876, says: Since the days of my student life great changes have taken place in the prescribed curriculum and in the subjects of examination; and although I am far from thinking

that these are in every way to be commended, I am free to admit that, in two respects at all events, they are on the side of progress, namely, as regards the institution of a preliminary examination, and the giving of greater prominence to the practical departments. That a preliminary examination was urgently called for few can doubt, but if proof is required it may be found in the answers given to the following questions submitted to candidates by one of the examining boards:

Question—What is meant by the antiquity of man? Answer—The wickedness of men.

Q. The "Letters of Junius?" A. Letters written in the month of June.

Q. The Crusades? A. A war against the Roman Catholics during the last century.

Q. The first meridian? A. The first hour of the day.

Q. To speak ironically? A. To speak about iron.

Q. A Gordian knot? A. The arms of the Gordon family.

Q. The Star Chamber? A. Place for viewing the stars.

Q. To sit on the Woolsack? A. To be seated on a sack of wool.

Q. A solecism? A. A book on the sun.

Q. The year of jubilee? A. Leap-year.

We could have appreciated this last answer more heartily had it emanated from one of the female medical students.—*American Practitioner.*

DEATH FROM AN OVERDOSE OF CHLORAL.
Another death has to be added to the long list of casualties from the dangerous habit of taking hydrate of chloral. The victim in this case was Mr. Robinson, who formerly held the position of head-master at the Chatham Dockyard. It seems that he was in the habit of taking hydrate of chloral, and that he took an overdose, from which he was found dead in his bed. As there was no evidence to show that he took the poison intentionally, the coroner's jury returned a verdict that he met his death by misadventure.—*Brit. Med. Jour.*

A DOWN-TOWN church in New York City, says the Sanitarian, after going through the process of an elegant frescoing, recently invited the attendance of the newspaper reporters. As a consequence, among other elegant things prominently noticed in the Sun of the next day were the elaborately executed scriptural mottoes on the church walls. One of these, quoted from Jacob's exclamation at Bethel, reads, "How dreadful is this place! this is none other than the house of God." The reporter goes on to remark: Considering the fact that there is a total absence of ventilation, and that a great many of the tenement-house population worship at this church, the Scriptures could hardly furnish a more appropriate motto than "How dreadful is this place!" It is a dreadful shame for people to be untidy in their persons, or to go unwashed to the house of the Lord; and it is a dreadful piece of carelessness for a building committee to make a church so much like a packing-box that the foulness thus communicated to the air can not get out of doors. They seem to be afraid to turn that bad air out of doors, probably for fear it will pollute the neighborhood. So the sexton locks it in by shutting all the doors and windows as soon as the congregation depart.

SAWDUST BRANDY.—An American journal of high moral principles is sorry to learn that a German chemist has succeeded in making a first-rate brandy out of sawdust. "We are friends to the temperance movement," says the editor, "and want it to succeed; but what chance will it have when a man can take a rip-saw and go out and get drunk with a fence-rail? What is the use of a prohibitory liquor-law if a man is able to make brandy smashes out of the shingles on his roof, or if he can get the delirium tremens by drinking the legs of his kitchen chairs? You may shut an inebriate out of a gin-shop and keep him away from taverns; but if he can become uproarious on boiled sawdust and desiccated window-sills, any effort at reform must necessarily be a failure.

It will be wise, therefore, if the temperance societies will butcher the German chemist before he goes any further. His recipe ought not to be made public. He should be stuffed with distilled board-yards until he perishes with *mania à potu*."

DEATHS FROM VIPER-BITES IN FRANCE.—M. Vian-Grand-Maraîs has collected the notes of three hundred and seventy cases of viper-bites which have occurred during the last twenty years in the departments of the Loire-Inférieure and of La Vendée. Fifty-three of these cases proved fatal. Many distinguished scientists and physicians maintain that the bite of the viper is not fatal to man, but these figures show the danger of allowing such a theory to be propagated.—*N. Y. Medical Record*.

DEATH FROM SELF-ADMINISTRATION OF CHLOROFORM.—Dr. Gustav Judell, *privat-docent* and chemical assistant in Professor Leube's clinic at Erlangen, was on October 26th found dead in his bed. He had been accustomed to take chloroform at night as a remedy for sleeplessness, by which he was much troubled; and a bottle containing the anæsthetic was found near him. It appears that vomiting was excited by the chloroform, but that he was too deeply narcotized to eject the contents of the stomach, so that portions of the food remained in the œsophagus and caused death by suffocation.—*Brit. Med. Jour.*

THE BED-BUG UTILIZED.—The "cimex" comes to the front. The "chill cure" has been found. Cimex has been "proved" and not found wanting. The leading homeopathic journal of Philadelphia states that after having given the twelfth dilution of the bed-bug to a lady at the setting in of the chilly stage "her hands became clenched; she became vehement; would like to tear every thing to pieces, and is scarcely able to restrain her rage." How sensitive to bed-bugs she must have been! All this with the twelfth dilution.

Selections.

SULPHUR A SPECIFIC FOR PTYALISM.—From a paper by Jukes Styrap, L. K. Q. C. P., etc., published in the British Medical Journal, we make the following extract:

I need not trouble you with a recital of the circumstances that first drew my attention to, or the process of reasoning by which I arrived at the conclusion that much benefit would probably arise in cases of mercurial ptyalism from the administration of the assumed "specific;" suffice it to say that in a very annoying case, some twenty-six years ago, after vainly trying all the well-known remedies, I decided on giving sulphur, it having occurred to my mind that "Plummer's pill" (then so called, and oft prescribed), containing one grain in five of calomel, was seldom known to produce salivation; which fact I also remembered to have heard an old medical teacher attribute to the sulphur in the sulphurated antimony, then known as the oxysulphuret. Success, however, did not crown my efforts until, by careful observation, I learnt the proper mode of administering it, which is in small and repeated doses, special care being taken to diminish the quantity if relaxation of the bowels supervene; for its peculiar action in controlling ptyalism depends upon its being retained in the system, and not allowed to pass off by the bowels—which, if necessary, should be prevented by the addition of a few minims of liquor morphine or tinctura opii. The bowels should not be moved more than once or twice in twenty-four hours. If persevered in regularly every three or four hours, the secretion of saliva and soreness of the gums become very sensibly diminished in the course of thirty-six hours or less; and I have invariably found that its antidotal action is ushered in (or "out," correctly speaking) by the exit of a most offensive gas *per anum*—a fact which you may readily ascertain by inquiring whether, when the bowels have been moved, the evacuations are particularly offensive. The reply I have commonly received has been, "Very."

I do not attempt to explain its *modus operandi*—whether by chemical combination or otherwise. All I can say is that, in the several instances in which I have prescribed it (once in the case of an old military officer aged seventy, and formerly an M. D. of Cambridge, who, relying on his whilom medical education, prescribed for and salivated himself), the controlling action was indisputable.

I have generally found that patients suffering from salivation are loth to admit, even when very evident to the medical attendant, that the flow of saliva or soreness of the gums has abated; indeed, they never appear to recognize the relative degrees of soreness, etc., until their attention is pointedly called to the

fact that they speak with greater facility; and then, on inquiry, I have usually found that a successful attempt has been made to swallow a little "soaked" bread, and that fewer handkerchiefs are required for the reception of the saliva. In soliciting your attention to the form in which I have been accustomed to prescribe it—

℞ Sulphur. præcip..... ℥ij-iv;
Potassæ chlorat..... ℥ij-℥i;
Liq. morphine..... ℥i-iss;
Mist. amygdalæ..... ℥vii.

Misce bene et fiat mist.

S. Two tablespoonfuls every three or four hours—I venture to express my belief that the antidotal action of the sulphur is entirely independent of, though possibly assisted by, the other remedies. With regard to the potass, I at first prescribed the nitrate, subsequently the bicarbonate, and lastly the chlorate, which, being a neutral salt, does not produce the painful smarting of the gums which the two former preparations do. The *mistura amygdalæ*, in addition to somewhat disguising the nature of the remedy, offers a bland vehicle for its administration.

CHLORAL AS AN EXTERNAL APPLICATION.—Dr. Wm. Craig, Lecturer on Materia Medica, Edinburgh School of Medicine, states that he has tried extensively a lotion of five to fifteen grains of chloral to the ounce of water, and found it an excellent dressing to ulcers and wounds. He says further:

"I also used chloral solution as an injection into the sacs of large abscesses, and found that it tended much to diminish secretion and make the parts heal. I found it also a useful lotion for the eye in inflammatory conditions of that organ. It is an excellent application to burns, and very specially where there is a fetid discharge. I also found it a good application to remove warts from the hands and fingers. I used for this purpose a lotion containing fifteen to twenty grains to the ounce of water, applied by means of lint and gutta percha. It causes no pain, and the wart speedily becomes smaller, and gradually disappears.

"I also used it as a lotion to sore nipples and to inflamed mucous membranes. When chloral is applied to an ulcer, a wound, or to the interior of an abscess sac, it causes at first some smarting, but that only lasts for a few minutes, and is soon succeeded by a most agreeable sensation. Patients so treated have frequently told me that soon after the lotion was applied a very agreeable soothing effect was felt in the wound. I believe that in all such cases chloral acts as a local sedative. It produces anesthesia of the nerves of the part. Wherever there is a wound or ulcer there is irritability of the nerves of that part; and chloral, by soothing this irritability of the nerves, favors the healing process.

"I have frequently used with good effect an ointment containing thirty to sixty grains of the hydrate of chloral to the ounce in eczema and other allied affections. I believe it to be one of the best applications in such diseases; and a medical practitioner lately told me that he had used it with marked benefit as a local application during an attack of erysipelas of the head."

Dr. P. H. Watson, who has used chloral extensively in various forms, writes to Dr. Craig: "I have in my wards made use of the chloral hydrate for fully six months, and find it quite as active as an antiseptic as carbolic acid or boracic acid. It approaches nearer to carbolic acid in its effects than to the boracic acid, especially in that it is volatile, and thus by its vapor penetrates and surrounds parts to which as a dressing it has been applied with an atmosphere of itself. It has a marked advantage over carbolic acid in so far that its odor is pleasant, resembling some of the ethereal compounds employed for flavoring purposes. It also is absorbed, and in being so deadens pain after an operation."—*Edinburgh Medical Journal*.

INSTANTANEOUS SINAPISMS.—Dr. Rigabert describes a sinapism invented by M. Vincent, a chemist at Saintes, which, he says, for promptitude and certainly surpass Rigollot's papers. These last are apt to deteriorate by keeping, and at all events require the aid of water to produce their effects. M. Vincent's procedure is as follows: Into a tube, open at the end, five centimetres in length, and having a caliber of half a centimetre, he pours a certain quantity of freshly prepared essence of mustard; the tube is corked and hermetically closed, and is wrapped up in a piece of paper of tolerable consistence of the size of one of Rigollot's sinapisms. When it has to be used, some drops of the essence are poured on the paper, which is applied as an ordinary sinapism. The effect is instantaneous and certain; and by pouring on the paper the contents of two tubes at the same time, vesication can be produced.—*Bull. de Thérap.*—*Atlanta Med. and Surg. Journal*.

NEW TEST FOR ALBUMEN IN THE URINE.—At a recent meeting of the *Société de Biologie de Paris* M. Bouchard read a paper on the employment of the double iodide of mercury and potassium as a test for albumen in the urine. According to him the test is very delicate, and so much so that the absence of albumen may be positively affirmed when the urine does not cloud on the addition of this reagent. There are certain sources of error in the test, however, which must be borne in mind:

1. The error may depend upon the reagent itself, when it can be easily avoided by adding an excess of iodide of potassium to the solution.

2. If mucine be present in the urine, or white precipitate analogous to the albuminous precipitate, it is formed on adding the double iodide, but it forms slowly, while albumen is thrown down at once.

3. If the urates be present, a precipitate may also be thrown down, but it forms slowly in the middle instead of at the bottom of the test-tube; is not flocculent, and finally disappears under the influence of heat.

4. When the urine is alkaline a precipitate may form even if no albumen be present, but it has a gray color, and becomes black in a few seconds.

5. The presence of alkaloids in the urine may also lead to the formation of a precipitate, but it is not flocculent, begins to form in the middle of the test-tube, and disappears under the influence of alcohol or heat.

In a word, every precipitate which persists after the employment of heat is due to the presence of albumen in the urine.—*Le Lyon Médical*.

THE NITRITE OF AMYL IN CHOREA AND INTERMITTENT FEVER.—In three cases of chorea, in school-girls, inhalations of three to six drops were ordered three times daily, during two weeks, at the end of which time the convulsions had been arrested. In intermittent fever amyl has aborted the chill, but only shortens the later stages; it may be given even after the algid stage has fairly set in. Some bold exhibitions have been tried, even to the extent of thirty drops, with good rather than bad effects, in this form of fever. The ordinary dose has been six drops.—*Dublin Journal*.

THE GLYCONINE EMULSION OF COD-LIVER OIL.—Mr. G. C. Close, of Brooklyn, N. Y., gives the following as his formula: "Cod-liver oil, four ounces; glyconine, nine drachms; aromatic spirit of ammonia, one drachm; Sherry wine or brandy, sixteen drachms; dilute phosphoric acid, four drachms; essence of bitter almonds, two drachms." Glyconine is made by adding five parts in weight of concentrated glycerine with four parts of yolks of eggs, previously well-beaten.

TO CLEANSE THE OS UTERI.—Dr. Percy Boulton, in *British Medical Journal*, says: "I find that nothing answers better than cotton-wool, which has been boiled in a strong solution of potash and then dried. The alkali takes away the greasiness of the wool, and it absorbs fluids and semifluids like sponge."

TREATMENT OF FETID SWEATING OF THE FEET.—Mr. Ortéga states that he has obtained excellent results in this distressing affection from the local application of a solution containing one per cent of hydrate of chloral.

e
,
s

o
e
-
f

y
y

o
ot
t-
ol

er
of

-
l-
d
of
n
y
er
i-
y
n
-

-
l-
s;
o-
n
s-
ne
n-
s,

n,
h-
en
d,
ol,

-
ts
on
of